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AUTHOR Smith, Olive V.
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ABSTRACT

During the 1979-1980 fiscal year Project C.R.E.E.P. (Community Resources in the Education of Exceptional Preschoolers) conducted outreach activities in Camden, New Jersey, in eight areas--direct and supplementary services to severely/multiply handicapped children, parent/family participation, assessment of children's progress, inservice training for project staff, training for personnel from other programs or agencies, demonstration and dissemination, coordination with other agencies, and continuation and replication. Sections outline accomplishments in each of the outreach areas. Highlights of project activities are noted to include the following: parent improvement as a result of the parent training component, the intensive service provided by the referral and consultation component in child location centers, the attainment of new insights in the areas of behavioral expectations and parental understanding of the child's problems, and visits by Council for Exceptional Children conference participants to observe work being done by Project C.P.E.E.P. in New Jersey with severely handicapped preschoolers. (SB)

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PROJECT C.R.E.E.P.

PROGRAM PERFORMANCE REPORT

Camden, New Jersey 08105

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PART II Accomplishment Reporting

(1)

Direct and Supplementary Services for Children's Services

We began the 1979-80 school year with a summer program in July. During this month we experienced teacher absence due to long-term illness. Fortunately we were able to find a replacement experienced in work with the severe/profound population. This teacher remained with the program when classes resumed in September after the August vacation month and we were able to resume our program very smoothly. In addition our physical therapist left, taking a full time job elsewhere. Again, we were fortunate in locating an excellent replacement for July which led to the hiring of a physical therapist experienced with the severely handicapped for the full school year. In October 1979 another teacher was hired for the replication class funded by the SEA.

Four new CETA workers were provided during the summer program and three co-op CETA student workers were sent in September 1979 since the previous students graduated. We provided appropriate in-service as needed and all of these young people have been able to provide the services needed in terms of the program for children. CETA has provided ongoing assistance with part time coop students, full time workers and five work experience aides in July 1980. They continue to make placements in the present program.

EC133390

The authorization by BEH of a full-time bus driver has proven to be an asset and a real necessity. The instructional assistants and CETA workers continue to assist the bus driver taking turns on the runs. This has eliminated a great deal of the demand previously placed upon the instructional assistants and they now are involved in more preparation, classroom and reporting activities. In 1980 we added a part-time driver to assist with the replication class.

The addition of the family liaison worker (Spanish-speaking) has also proven very beneficial for the program. She assists the family treatment specialist and teacher in home visitation activities whenever there is a need. She has proven to be an invaluable link to the Puerto Rican community in terms of assisting staff in the recognition of cultural differences and providing specific instruction to families concerning medical and other technical information.

Our present staff includes the following:

1 project director

1 family treatment specialist

2 teachers

1 clerk

4 instructional assistants

1 bus driver

3 consultants (physical therapist, speech pathologist, educational consultant)

3 CETA workers (5 CETA workers for summer 1980)

1 family liaison worker, Spanish-speaking (part-time)

volunteers (parents, students)

1 practicum social work student

1 co-op student audio-visual assistant (undergraduate)

The local district has provided the services of the Assistant Superintendent and Director of Special Services in frequent consultation with the program director in the administration of Project C.R.E.E.P. In addition, the local district has provided the services of the child study team personnel for evaluation and consultation to utilize the district's neurologist and the services of Spanish-speaking social workers when required. The publicity director for the district has assisted with materials written for publication or news articles while the audio-visual department has helped with filming. We have been assisted with copying of materials by our reproduction clerk and with typing by Special Services clerks when backlogged. Transportation services have been provided for those youngsters picked up for testing and staff members have transported parents for special occasions.

We began the 1979 school year with eighteen (18) youngsters enrolled in the on-site program; two (2) being seen in the home/site program; and the staff processing seven new referrals. The influx of referrals presented an important factor in terms of staff time since we were preparing to open a replication classroom funded through SEA VI-B monies but utilizing Project C.R.E.E.P. staff for evaluation and processing.

We ended the third year of Project C.R.E.E.P. with 37 youngsters enrolled in July 1980. We had processed 43 referrals at the time of the September 1979 Progress Report and the disposition of those was included at that time. During the period from July 1979 to July 1980 we have been involved with 59 additional referrals. Of these we placed 27 into our program or the replication classroom. Placement of the 32 remaining children is as follows:

6 referred to the LEA child study team

1 referred to Camden Day Care

1 referred to Gloucester Preschool

1 placed at Cerebral Palsy Center

7 referred to VI-B program for Mild/moderate

8 pending evaluation/appear eligible for C.R.E.E.P.

6 parents withdrew after counselling

2 referred to Headstart, other school district

Our enrollment is adequate and attendance appears to be good. However we have had seven (7) youngsters hospitalized this school year with the following: shunt infection, pneumonia, gastrointestinal and respiratory ailments. Two youngsters have died during this period (from July 1979 to present) while three others have recovered with no serious implications. Another child, after an eight month recovery period at home following a spinal operation, returned to the program in October 1979 and has been placed in the Cerebral Palsy Center. One moved to Puerto Rico and another to the New York area. One returned from Puerto Rico and another moved

to the North Jersey area. Five children have reached mandated school age and have been placed by the local child study team. One youngster continues to receive the home-based program but is on site one day per week. The other two have been terminated; one entered the on site program and the other is deceased.

During the 12 month period from July 1979 to July 1980 the staff has been involved in the following activities:

Staff Member	Evaluations Re-eval's	IEP Development	Home, Office Visits	Therapy Sessions	Parent train.	Inservice Staff training
Physical Therapist	65	61	51	41	34	49
Speech Pathologist	68	60	57	52	38	38
Family Treatment Specialist	41	49	151	numerous daily consultation sessions	10 parent group meetings	28
Teacher	57 (LAP, E-LAP)	34	65	ongoing with Youngsters	42	21 (daily training sessions with staff)
Project Director	17	18	111			57 (daily staff involvement)
Educational Consultant	Assisted in staff development (transdisciplinary), IEP development, LAP training, setting up new classroom.					
Instructional Assistants	Assisted teacher in staff training with CETA workers and volunteers, record keeping and monitoring of IEP.					

as you can see our activity level has been hightened by the addition of the VI-B classroom for Multiply Handicapped. In addition to the evaluation of the youngsters, the staff has provided continuous inservice training to the new teacher and aides hired for that program. All other support services have also been provided in terms of the consultants, family treatment specialist, clerk, bus driver and project director. We are supporting this program in all respects and have applied for continuation funding for this project through the SEA since our BEH funds terminated in July 1980. Fortunately the direct services portion of the program for multiply and severely handicapped has been funded through VI-B funds (SEA).

(2) Parent/Family Participation

Parent involvement has continued to be a strong point in this program. Parents indicate verbally and by their presence they feel welcome and able to communicate with staff members. The family treatment specialist maintains a close, supportive relationship with parents according to the need. They enjoy such activities as parent group meetings with speakers they have chosen, advisory committee involvement and parties at holiday time.

All parents have participated in Project C.R.E.E.P. at one level or another. They have been provided with training in the home or on the site with consultants, teacher or other project staff. The family treatment specialist meets regularly with parents while teacher and consultants provide programming instruction. The family treatment specialist records each contact and maintains a record on the purpose of each visit and the solution. F.T.S. also records parents' perception of problem and attempts to detect ongoing change. Providing information to encourage realistic goal-setting and parental acceptance of the youngster's strengths and deficits has also been a major focus for the family treatment specialist.

We feel that parental participation and acceptance has been particularly noteworthy. The staff feels especially happy about the obviously enthusiastic involvement of our Hispanic parents. Project C.R.E.E.P. has been able to work with the cultural differences and expectations to the point that these parents feel comfortable with our methods of child care.

This has been accomplished through sensitizing the staff through inservice and meetings to the needs of this population. We have even had comments from the Hispanic community concerning the satisfaction they feel in having the handicapped preschooler with us. This represents a victory for the program since permitting a severely handicapped baby or young child to attend a program outside the home deviates somewhat from the accepted custom.

Parent group meetings were held as follows:

PARENT INVOLVEMENT COMPONENT

(Family Treatment Specialist)

During period of July 1979 through July 30, 1980 a total of 102 parents including 59 new referrals were involved in the C.R.E.E.P. program. Family problems, in most cases, centered primarily around parental difficulties in understanding and coping with their exceptional child's condition as well as the need for help in utilizing community resources for meeting financial and/or medical needs. Services provided by the family treatment specialist included assessment of family needs and assistance in initiating and following through on contacts with appropriate agencies for the help that was indicated. Individual and group counseling was offered and provided when requested or warranted.

*SEE CHART.

Our first parent group meeting for the school year 1979-80 was held September 20, 1979.

PARENT INVOLVEMENT COMPONENT - JANUARY 1980 - JULY 1980

FAMILY TREATMENT SPECIALIST

Total Number of Parents - 36

Problems	Service Provided	# of Parents	Objective Met	Follow-up plan
Financial	Referred to Community Agency	2	2	Regular home visits and office contacts made to assist parer with unresolved situations
Medical	Explored with parent available services and encouraged usage of same	11	9	
Behavior Management	Individual Counseling and Group Counseling	3	2	
Parent Child Relation Ship	Individual & Group Counseling referral to Family Council Agency	1		
Difficulty in Coping with Child's handicap	Individual & Group Counseling	10	9	
Marital	Individual Counseling	3	1	
Home Management	Individual & Family Counseling	4	2	
Other	Supportive counseling to sustain positive attitude toward handicapped child	12		

In response to request of several parents a workshop on "Nutrition Education" was presented. A member of project advisory committee who is the director of the local nutritional educational aide program (with several of her assistants) gave an interesting and meaningful presentation for 12 parents and several friends. In addition, project's speech pathologist talked with parents about feeding techniques. Following group discussions parents expressed their concerns with each other and made some suggestions for subsequent meetings.

Our second parent group meeting was held November 15, 1979. This meeting began with a lively discussion on immunizations-where and how they can be done and the importance of same. Project physical therapist led a discussion on handicapping conditions. Several parents were concerned about selecting educational or therapeutic toys for their children for Christmas. They responded enthusiastically to suggestions made by project staff. Time was allotted for each parent to talk about his/her feelings relative to their child's present situation. Subsequently, parents visited in the classroom and observed or worked with their own or another handicapped child. The family treatment specialist arranged to see each parent briefly and planned for follow-up contacts on an individual, family or group basis. It was the consensus of the parent group that we continue scheduling our meetings every other month.

On January 22, 1980 parent meetings were held in a.m. and p.m. The educational consultant discussed specidic problems with parents in terms of children's behavior in the home. He suggested behavior management techniques to be used by parents in managing the youngster in the home. These sessions were extremely individualized with parents asking advice on very basic problem areas.

On March 18, 1980 parent meetings were held with program consultants assisting the family treatment specialist. Parents questioned staff on feeding, speech and motor problems and were given hand-outs on areas in question.

On may 22, 1980 parents met with family treatment specialist and representative from New Jersey Department of Health who discussed eligibility for SSI benefits for classified youngsters. Also, on this date parents were involved in a discussion of Comprehensive Planning on Pre-school programs with the consultant for this project.

In addition, parents especially enjoyed the videotapes of their youngsters showing them involved in classroom activities. There was a very positive reaction to this part of the parent program.

On June 12, 1980 the parents and youngsters enjoyed a wonderful outing at a nearby park. It was a day for picnicing, sharing and fun for the staff and families. Parents participation was obviously encouraged and most youngsters were accompanied by family members.

(3) Assessment of Child's Progress

Each child is evaluated by the physical therapist and speech pathologist after screening is done by project director, social worker or one of the consultants. The youngster is provided with an IEP with input from the teacher in the cognitive, socialization and self-help areas. Specific objectives are developed for each child with goal-setting and data collection provided by instructional staff to the areas where change is needed. When objectives appear to be too broad, task analysis is done to provide more manageability. When youngster attains a pre-determined mumber of trials new objectives are provided. Parents, instructional staff, consultants and social worker (or F.T.S.) contribute to the development of the IEP and this is maintained in the classroom along with data collection forms and anecdotal records which are maintained by the instructional staff.

The transdisciplinary approach is used im programming with consultants and teacher combining proper positioning with feeding and language activities if prescription indicates need in these areas. The staff uses activities from the Piagetian Curriculum developed by Nisonger Clinic in Ohio in addition to neuro-developmental therapy and specific feeding techniques. Music and art activities have been included to add to sensory stimulation of these youngsters who may have severe sensory deficits. The gross motor program has been especially successful as we have obtained through BEH funds, as variety of excellent equipment.

Gross motor activities are individualized according to the prescription as are fine motor and other skill area activities.

The children in the program are afforded every opportunity for exploration and socialization in the rich environment provided for them. They obviously enjoy the daily experience of the classroom and have made considerable gains. These gains have been recorded on the E-LAP and LAP used in the classroom and attainment of objectives is indicated in the data collection form with revisions made as necessary. In some instances, as in severely physically handicapped youngsters, progress in a specific area was minimal but other areas might show gains. With the profoundly retarded youngster who was also multiply handicapped progress was more difficult to detect. In the case of one autistic youngster, the staff was able to maintain attention to objects or activities while minimizing self stimulatory and self-abusive behavior. One youngster with problems in attention, highly disorganized and highly active, with a severe language delay has been socialized to the point of cooperative group activity and consistent use of short sentences. A three-year old Down's Syndrome youngster with obvious tongue thrust and very poor fine motor skills is showing marked improvement in feeding skills, dressing and language.

A measurement of receptive and expressive language skills as well as auditory, visual and pre-linguistic sensory skills is obtained by the speech pathologist during the initial evaluation.

An assessment of feeding skills and a hearing screening is also obtained. For those children who can be tested using conventional methods the following tests are often used:

1. Peabody Picture Vocabulary Test
2. Arizona Articulatory Proficiency Scale
3. Preschool Language Scale
4. Test for Auditory Comprehension of Language

Non-normative tests, which are usually criterion referenced are used for those children who cannot respond to the other testing. These include the Receptive Expressive Emergent Language Scale, Koontz Developmental Program, and other informal assessment procedures.

Initial evaluation findings are discussed with teacher, parent and other therapists and a joint IEP is established with goals in all areas of development. Language and feeding goals are developed using a neurodevelopmental approach. Learning activities to achieve specific learning objectives are developed by the speech pathologist. The staff and parents are trained to correctly carry out these activities. Data is collected as most goals are task oriented. Monitoring of programs is ongoing as the speech pathologist is available to staff and parents on a regular basis. An up-date of each child's IEP is done twice a year; however, changes in daily programming are continuous.

During the initial evaluation of the child, the following areas are assessed by the physical therapist and a written evaluation follows for the records.

The following information is contained in this evaluation:

1. Name, DOB, Diagnosis, etc.
2. Brief History
3. Vision and Hearing
4. Physical Exam-includes range of motion, muscle tone, deformities, neurological signs etc.
5. Reflex testing
6. Gross Motor Development
7. Fine Motor Development
8. Sensori-motor
9. Activities of Daily Living
10. Behavior and Response
11. Impressions/Problems
12. Recommendations

The following formal assessments are used where applicable:

1. Sensori-motor Integration Test-Montogomery and Richter
2. Koontz Developmental Assessment
3. Bayley Infant Scale-Motor Component
4. Fiorenteno Reflex Testing

Also previous medical reports are requested and parent interviews are performed at initial evaluation. For children who cannot respond to standardized testing, informal assessment and criterion referenced tests are used.

Initial evaluation information is discussed at an IEP meeting, which includes all members of the team (parent, teacher, speech therapist, etc). Long and short term goals are established and written in behavioral terms. The physical therapist develops specific procedures with enroute objectives to attain thes goals. The classroom teacher collects data and the short term objectives are updated when necessary. Staff and parents are trained to carry-out specific acitivties. The IEP is updated bi-annually on a formal basis but ongoing periodic re-assessment is performed when changes in programming are indicated.

The physical therapist also makes recommendations and suggestions for adaptive equipment (in classroom and at home) and positioning.

Developmental progress for our youngsters has been significant and consistently positive. In a youngster with severe language delay and socialization problems a 15 month gain was noted in the fine and gross motor areas while a 30 month gain was seen in the cognitive area over a 2 year period. A four year old Down's Syndrome child revealed a 15 month gain in all areas but language over a two year period. A multiply handicapped six year old with an auditory processing problem demonstrated a four to 15 month gain in all areas but regressed in the self-help area which we attribut to parental handling. A severely multiply handicapped youngster also identified as failure-to thrive has shown a 37 month gain in skill areas over a one year period.

A five year old spina bifida child who was hopitalized over a long period has jumped 30 months in social skills since returning to the program and has been placed in a Cerebral Palsy Center.
An autistic youngster has developed 9 months in self-help, 5 in social, and 8 in cognitive areas but remains the same in the rest.
A very severely orthopedically handicapped child has shown 1 month gain in social and cognitive but has not improved in other areas.
A spanish-speaking youngster with multiple handcaps has improved from 6 to 22 months with the greatest gains in areas of socialization, fine motor and language.
A five year old with neurological problems has improved from 13 to 48 months in the areas tested by th LAP over a two year period.
An orthopedically handicapped Hispanic youngster has improved 12-24 months in fine and gross motor areas during a one year period. A youngster with muscular problems has progressed 29 months in the social area and 20 months in gross motor over a two year period.
On the Montgomery Richter Sensorimotor Assessment, measuring fine and gross motor ability, one youngster made 24 to 30 month gains over a two year period. Some youngsters with severe orthopedic problems made 2 to 5 month gains which demonstrated progress for the hadicaps involved. This testing was done by the physical therapist.
We can conclude that the individualized transdisciplinary program has made a substantial impact on the skill areas of our clients and has provided them with the support, stimulation and instruction needed for achievement.

(4) Inservice Training for Project Staff

Inservice training has been provided on a continuous basis for project staff members. Since we have a new teacher for Project C.R.E.E.P. and a beginning teacher and instructional assistants for the replication classroom we have had training from the educational consultant. Dr. Terrence Piper is the chairman of the special education department at Temple which has a program for training personnel working with the S/P child. He has provided ongoing training on the use of the LAP, the transdisciplinary team, behavior modification techniques and the development of the IEP. The speech pathologist and physical therapist have also provided inservice in the specific objectives recommended for children in the program and in demonstrating techniques to the parents. In addition the project director and family treatment specialist provided inservice to the staff and other agencies as frequently as needed. While the teacher and aides assisted in training volunteers, CETA workers, bus driver, etc. in positioning, carrying and other essential techniques.

Project director and staff members attended the following conferences or workshops:

12/3 to 12/7/79 project director attended Project Director's Conference in Washinton.

1/9 and 1/10/80 project director attended conference on IEP development in Cherry Hill, New Jersey provided by SEA.

1/16/80 family treatment specialist attended Comprehensive

Planning Conference for Interagency Communication at Camden County College.

1/12/80 Project director attended Human Rights Conference on "Protecting Human Rights in Times of Stress" presented by NJEA in commemoration of Dr. Martin Luther King Jr.

2/11 to 2/12/80 Judi Carter from Roper Hospital provided inservice to staff and child study team personnel on neuro-developmental therapy, evaluating youngsters in the program.

3/5 to 3/7/80 Inservice training provided to project director in Chapel Hill by TADS on funding, dissemination and demonstration.

3/13/80 District wide inservice for supervisory personnel (project director) on evaluation of staff.

3/17/80 CPR review of techniques provided by American Red Cross worker.

3/20/80 Inservice training for family treatment specialist on IEP development (New Jersey Department of Education)

3/27/80 Physical Therapist and Speech Pathologist provided inservice to staff on setting and combining goals.

4/28/80 Full staff inservice day on exceptional child presented by project director.

5/9/80 Project director attended Spring Symposium on Early Childhood presented by New Jersey Department of Education and Rutgers University on preschool handicapped.

6/4/80 Project director and family treatment specialist participated in inservice, "Genetics Update", provided by New Jersey Department of Health and area hospital staff.

6/11/80 Inservice for project director and family treatment specialist on "Due Process Procedures" provided by New Jersey Department of Education.

During the 1979-80 school year 15 formal in-house inservice sessions were provided to staff and CETA workers. In addition, weekly staff meetings and ongoing training through consultants and teachers were given for child's individualized program.

10/18/79 project director attended conference on Research Methods at Hahnemann Hospital, Philadelphia.

9/24/ to 9/26/79 project director attended Evaluation Training Consortium Conference in Chicago

The following inservice programs were provided for staff members:

9/11/79, 11/5/79, 12/12/79 E.I.C., staff member and audio visual coordinator provided inservice/ work sessions on use of A.V. equipment.

9/2079 Rutgers University Extension Service Staff provided inservice to parents and staff on nutrition.

July/September 1979-15 inservice sessions for staff and CETA workers on handicaps, child care, specific techniques.

10/11 and 10/12/79 project director and F.T.S. presented in-service on teamwork and definition of roles to CETA and project staff.

10/25/79 teachers presented inservice and sensitivity training to staff members.

10/30/79 Educational consultant provided inservice training to staff on use of behavior modification techniques.

11/20 and 11/21 Dr. Hankerson from TADS involved staff in a Needs Assessment.

11/28 and 11/29 Red Cross representative presented certification program in CPR and Life Support Systems to staff.

12/4/79 educational consultant provided staff with inservice on the Transdisciplinary approach.

1/17/79 Inservice provided to staff and CETA workers on use of LAP.

The school district has allotted 10 half day inservice sessions for the school year. In addition Project C.R.E.E.P. provides on-going inservice through staff members and from outside sources. Training has become an important component of our program and is taken very seriously by all members.

The project director submitted a proposal for inservice training for personnel dealing with the severe/profound child. It was submitted through EIC-South, a service center of the New Jersey Department of Education and has been considered for inclusion in the Annual Program Plan for New Jersey (mandated by PL 94-142) dealing with the preparation of personnel for working with the S/P population.

(5) Training For Personnel From Other Programs Or Agencies

Throughout the year the family treatment specialist and project director have provided inservice and information to other agencies, at board meetings, at advisory committee meetings and in conjunction with the Director of Special Services. The district sends psychologists, learning consultants, social workers, and speech therapists from our child study teams to assist them in learning to assess and work with the preschool handicapped child. Agencies have also sent representatives along with neighboring school districts. These people have been provided with an opportunity to observe the staff working with the children and have been provided with numerous handouts on testing materials, techniques and classroom activities for the preschool handicapped. We have had good response in terms of visitation feedback and have had many follow-up requests for training and information. We have not been able to respond to all of the requests

Inservice was provided by staff to outside agencies:
10/25/79 P.D., F.T.S., S.P. and P.T. presented a program on Project C.R.E.E.P. and the concept of preschool programs for the handicapped at the New Jersey School Boards Association Educational Showcase, Atlantic City, N.J.
11/15/79 P.D. and F.T.S. presented an inservice with consultants to parents on individualized educational programs.
11/15/79 P.D. and F.T.S. provided an inservice and on site visitation to Camden County College students

11/19/79 and 11/28/79 P.D., F.T.S. and S.P. presented an in-service program at Camden County College to two Human Services classes.

1/8/80 P.D. and F.T.S. presented an inservice and on site visitation experience for staff from Broadway Day Care

12/13/79, 1/7/80, and 1/17/80 working on Comprehensive Planning for Preschool Programs in Camden with consultant funded by SEA.

1/17/80 Project Director provided proposal, information on severely handicapped and brochures to representatives from Cape May Parents Group. (2)

2/19/80 Staff presented inservice and observation to visitors from Berlin, N.J. Infant Program (5)

3/11/80 Staff presented inservice to Voorhees, N.J. Child Study Team and site visit (4)

3/18/80 Staff presented inservice and observation to Camden County Day Care employees and Cooper Hospital staff (8)

3/20/80 Project Director presented inservice on Project C.R.E.E.P. to administrators of Camden City Schools. (60)

4/1/80 Staff presented inservice to two Human Services Program classes at Camden County College on needs and priorities for families of preschool handicapped.

4/21,22,24/80 Program staff and classes were included as part of Council for Exceptional Children tour at the International Conference in Philadelphia.

4/29/80 Staff presented inservice program to (75) high school students in child development and early childhood classes.

5/1/80 Family treatment specialist presented at the New Jersey Association of School Social Workers Conference on "Urban Preschool for Severely Handicapped". (60)

5/13/80 Staff presented inservice and observation for representatives from Commission for Blind. (3)

5/24/80 Project director and A.V. aide presented inservice on needs of preschool handicapped and families with videotape slides and handouts for Title I Conference parents (70)

6/20/80 Project C.R.E.E.P. staff provided a program on services to preschool handicapped and families to New Jersey Department of Education, Special Education staff to encourage ongoing funding and to offer services of staff as resources persons.

7/80 During month of July staff provided information and handouts to parents and advisory committee members on New Jersey assembly bill #538 (for mandated preschool for handicapped) and encouraged parents to solicit letters for legislators to insure passage of bill.

Family Treatment Specialist:

9/14/79 provided inservice to staff of Division of Youth and Family Services (6)

10/5/79 provided inservice to social workers of Camden City Schools (15)

10/29/79 provided inservice and leaflets to New Jersey Association of School Social Workers (125)

12/6/79 provided brochures and discussion to County Welfare Office (6)

In addition the family treatment specialist and project director have provided to school administrators, social workers, learning consultants and psychologists, information, written materials, inservice and discussion both within the LEA and throughout the country.

We have had frequent visitors to the program from other programs, from the board of education, from the community and from universities. Each of these visitors has been provided with a period of observation, discussion of the program and demonstration of techniques in addition to our brochures. In all, inservice was provided to 204 persons during this period. Our project staff has been a contributing factor in awareness community-wide of the needs of the severely handicapped. We have tried to shape attitudes and expectations toward the need for early intervention and to dispell the notion of the custodial concept for this population. Hopefully we can assist in breaking down the barriers in the minds of people who view the severely handicapped as ineducable.

(6) Demonstration and Dissemination Activities

Two news articles have been printed which include Project C.R.E.E.P. as an exemplary program for preschool S/P handicapped. News announcements were provided to two radio stations in English and Spanish and the T.V. presentation taped in the previous school year has been run numerous times providing additional visibility.

Abstracts on the program were sent to the New Jersey School Boards Association, HCEEP, New Jersey Department of Education, Moton Institute, DEC and to various other agencies in the area. Numerous brochures were sent to agencies, hospitals and school programs. Two additional brochures were developed this school year, dealing with the identification of feeding, language and motor problems. We have been asked to participate in numerous studies on preschool handicapped and materials/techniques used with this population. In addition we have had local and national requests for information on working with the S/P population with requests for training, observation and research participation. Technical assistance was provided by TADS and staff members completed the package in 1978. The manual provides a complete and sequential process for service from pre-referral to termination of service and all forms are in compliance with the requirements of PL 94-142. A record-keeping procedure for time analysis of staff activities has also been included.

The family treatment specialist has distributed approximately

450 brochures and leaflets. The speech pathologist and physical therapist have provided written information concerning language, feeding and motor activities to 250 parents and community people. We also distributed their specific brochures at the School Boards Meeting to about 100 people and at the Project Directors' Conference to 70 people. An additional 500 brochures and pamphlets were distributed at Board Meetings, Advisory Committee Meetings, Comprehensive Planning for Preschool Programs Meetings and to visitors and agencies who requested them.

The program has participated in numerous research projects, surveys and dissemination activities. A number of these are listed:

1. University of Alabama in Birmingham - data on early intervention attempts with developmentally delayed infants and preschoolers (9/17/80)
2. Carolina Institute for Research on Early Education of the Handicapped. U.N.C., Chapel Hill, N.C. - in-depth study on problems of assessment of developmental progress and outcome success of severely handicapped children: ranking children; completing child descriptor forms; behavior record and infant temperament forms through parents. (7/23/80)
3. Frank Porter Graham Child Development Center, Chapel Hill, N.C. - National review of child development services nominee for exemplary program (7/18/80)
4. TADS, Chapel Hill, N.C. - survey of print materials and their usefulness to programs (7/31/80)

5. New Jersey Department of Education, Trenton, New Jersey (Spec. Ed.) survey of teachers and supervisory personnel involved in education of handicapped (2/20/78)
6. Glassboro State College, Glassboro, N.J. - materials on preschool handicapped program, Procedural Manual. (5/24/78)
7. Katherine Sherlock Study, Merced, Ca 95340 - questionnaire on kinds of counseling services available to families in preschool handicapped programs. (1/18/79).
8. University of Northern Colorado, Greeley, Colorado - survey on features of handicapped children's early education programs to determine current state of art.
9. Jane Chazkel Hochman, Early Intervention Program Inc. Lakewood, N.J. administrative, managerial aspects of 33 infant programs in N.J. (cf-Mass programs) (6/5/80)
10. New Jersey Department of Education, Trenton, New Jersey (Div. of Spec. Ed.) - IEP development Committee on defining a training program that is responsive, useful and relevant to needs of LEA basic child study teams (4/16/80)
11. WESTAR Seattle, Washington - a resource booklet for parent trainers and parents of handicapped children. (2/18/78)
12. University of Denver, Denver, Colorado. Special Education, Early Childhood Component. - competencies for master's level program for training developmental specialists to work with 0-6 handicapped. (1/19/80)
13. University of California, L.A., Special Education - analysis of

programs for severely handicapped preschool children, collection of materials. (1978)

14. D.C. Society for Crippled Children, Washington, D.C., Project Upstart - collaborative meetings in developing curriculum models to accompany the LAP (4/78)

15. Glassboro State College, Glassboro, New Jersey, Dean's Grant Advisory Council - to determine competencies for early childhood teachers of the handicapped related to mainstreaming (1978,1979)

16. Camden County College, Camden, New Jersey Human Services Program - definition of services available to parents and children (handicapped preschool) (1978, 1979, 1980)

17. Children's Development Center Rockford, Ill. Shirley Frank study - developing relationships with the medical community and determining areas of concern. (10/14/77)

18. Robert R. Moton Memorial Institute, Wash, D.C. Sandra Gales Young - publication emphasizing unique needs of Black handicapped preschool children and their families establishing issues and priorities, (4/23/79)

19. University of Illinois at Urbana - Champaign Illinois Institute for Child Behavior and Development - summary of program included in Frank Porter Graham symposium (4/14/80)

20. TADS Chapel Hill, N.C. - information on transition to next placement service to be included in handbook for parents developed through S.I.G. for North Carolina (7/8/80)

21. University of Missouri - Columbia, Dept. of Special Education -

survey on review of competencies from the viewpoint of early childhood specialists - a two step needs assessment (11/79 and 2/80)

22. Child, Youth and Family Services, Bea Bold, Los Angeles, (publication planning) - a guide to careers serving 0-5 handicapped and families (7/5/79)

23. Department of Mental Retardation State of S.C., Clinton, S.C. - information on products developed for multihandicapped preschoolers. (6/5/78)

24. Georgia State University, Family Intervention Project, Atlanta. - materials on curriculum and procedural design for inclusion in state developed plan. (11/9/77)

25. Project Kids, Dallas, Texas, Ruth Turner. - questionnaire on suggestions for urban coalition of program involved in service to preschool handicapped (2/12/80)

On a local and statewide level our involvement with other agencies and programs has remained on a consistent, ongoing basis. This has been done through telephone contact, observation and inservice, sharing of materials and visitation to other sites. When the outreach proposal was planned and written, contacts for inservice to other districts resulted in many requests for materials, consultation and visitation. We have tried to respond to these requests (although the proposal was not funded) and will continue to provide consultation as the project director begins work on an internship for doctoral study.

(7) Coordination with Other Agencies

We have maintained a good working relationship with other agencies and educational facilities. We have received referrals from Visiting Nurse Association, neighboring hospitals, areas programs, physicians, welfare organizations and from the community. Communication with these agencies has been maintained by the family treatment specialist, project director and consultants with easy exchange of information and consultation. Neighboring colleges have provided volunteers to assist in the program and we presently have a social work practicum student. We provided a co-op experience to a Drexel student working with audio visual equipment and assisting with clerical tasks. We have provided continuous training to CETA co-op students at the high school level who work on a half day basis in the child care area. This includes training new CETA workers in the summer program as funding sources differ from the regular school year program. We have also been heavily involved with the Human Services Program at Camden County College and have assisted numerous students in their understanding of the method and need for interagency communication.

The program has worked strenuously in this area and this year we have experienced considerable growth and improvement in the sharing of services with other programs. Two area hospitals have developed evaluation and training programs for infants and preschoolers. Where they previously felt threatened by our program and its broad spectrum of services, they now communicate freely and we

have shared services and clients. It was necessary first to establish the very different thrusts of the programs and then to demonstrate to them that our services compliment and broaden the therapy possibilities for our clients. What has evloved is an awareness of program possibilities and a more open communication and cooperation. It has worked to the benefit of all involved.

The most important development in the area of interagency cooperation has been the initiation of a program called Comprehensive Planning for Services to the Handicapped Preschool Child. Consultants provided by TADS worked with the Project C.R.E.E.P. staff to assist us in developing an approach. We discussed the concept with members of the Advisory Committee which includes representation from the New Jersey Department of Education. In November 1978 the Director of Division of School Programs wrote to the program director and requested to use the project "as a base for interagency cooperation among state and federal providers of services to preschool children". The project director collected information on the existing preschool programs in the school district and defined the areas presently receiving program assistance for preschoolers in any category. The object of this was to determine areas of need, to provide awareness of services and to assist other programs in standardizing their approach to dealing with the preschool child.

The New Jersey Department of Education recognized the possibilities of this Project C.R.E.E.P. activity and awarded

a $10,000 grant to the school district to increase the outreach possibilities of this project. The Director of Special Services assumed responsibility of this project with consultant services to assist in the planning. Project C.R.E.E.P. continued to be involved, providing information, resources and consultation to the program. An initial meeting was held to provide awareness of the project aims to state and county administrators. A second meeting of preschool program providers was planned for January 1980, to address the meaning of interagency communication, provide concrete examples of youngsters with multi-agency involvement, discuss the concept of interagency cooperation and to determine services which are available and those still needed. One of the most important factors involved is to facilitate a better dialogue between providers of educational services to the preschool child so that the territorialism and threat so frequently experienced is dispelled and all of us can get on with the business of meeting the needs of children. Although the one year funding period has ended,efforts at interagency coordination continue to increase and a new dimension has been added to services provided to families.

The importance of agency coordination cannot be minimized especially in a low-income area where most of our clients receive welfare and S.S. benefits. Coordinating an agency network is then a necessary part of the individualized family plan especially with the severely handicapped where medical, social and sources

of financial assistance must be convened to provide for the serious problems encountered by our clients. An essential ortion of any IEP is the medical information which might be garnered from three or four separate sources. None of this information or the sources of support can be overlooked in the development of the child's program.

The success of our agency contacts can be attributed to the program's consistent communication and immediate feedback to requests for information. The family treatment specialist came to his project with exceptional contacts and relationships established over a long period of time working in this area. This kind od imput cannot be replaced and our maintenance of this relationship throughout the life of the project has only served to deepen this friendship with area agencies. A listing of more recent agency contacts follows:

2/19/80 - Four visitors from Berlin Infant Stimulation Program. Inservice and Observation

3/4/80 - Project director attended CETA meeting with co-op students.

3/10/80 - Project director and family treatment specialist visited Archway School to discuss program and observe a possible referral.

3/18/80 - Staff from Camden County Day Care Program visited Project C.R.E.E.P. for observation and inservice. This facility provides follow-up placement.

3/19/80 - Camden City Child Study Team memoers visited the program for observation and inservice.

Cooper Hospital staff members (Cleft-palate) for visitation, observation.

4/1/80 - Instruction provided to Camden County College Students at their facility.

4/2/80 - Contact with Carolina Research Institute research Project C.R.E.E.P. has participated in.

4/6/80 - Information provided to New Jersey Department of Education

4/21,22,24 CEC tours visited Project C.R.E.E.P. during International Conference.

4/28/80 - CETA representatives visited project.

5/7/80 - Visitors from New Jersey Commission for the Blind to observe program for placements.

5/15/80- Representative from OIC, CETA; work experience program to facilitate placements of clients for training.

5/21/80 - Project director attended co-op program luncheon with student aides.

5/22/80 - Project director attended Association of Learning Consultants Annual Dinner.

5/29/80 - Glassboro State College, director of special education visited program.

6/5/80 - Infant Coalition report sent into director of program.

6/10/80 - New Jersey Department of Education, Coordinator of Preschool handicapped, visited program for observation and advisory committee meeting.

6/20/80 - Staff presented for New Jersey Department of Education and attended special education sessions.

6/27/80 - Project Director attended CETA meeting for Summer Program staff.

6/30/80 - Project Director attended CETA meeting for Summer Program staff.

7/7/80 - Two representatives from New Jersey Department of Health and Human Services visited program for observation and sharing of ideas on future funding.

7/8/80 - Project director contacted SNIP re preschool legislation and received printed information for parents and staff on A-538.

7/23/80 - Project director met with New Jersey Department of Education re funding for severely handicapped population in Camden. Additional funding was secured for direct services of Project C.R.E.E.P.

7/21/80 - Visitors from Our Lady of Lourdes Hospital, Child Evaluation Center.

7/28/80 - Visitors to program from Cooper Hospital-Speech and Cleft Palate Programs.

7/29/80 - New Jersey Department of Education visitors (from Office of Compliance and social work consultant) to observe and learn about program.

7/27/80 - All materials completed for research project and sent to Carolina Institute for Research.

(8) Continuation and Replication

The New Jersey Department of Education provided funding (effective 7/1/79) for a sister program for the severely/multiply handicapped. They have done this in response to our proposal submitted to provide for the referrals we received but were unable to place due to oversubscribed classroom sessions in C.R.E.E.P. This classroom has been staffed and renovations to the site were provided through SEA VI-B funding. For a period of time the class functioned as a home-based program with consultants, family treatment specialist and project director from Project C.R.E.E.P. providing evaluative and referral services. The teacher and aides funded through VI-B did home visitation after the IEP was written and the objectives set. Parent training was provided in the home site along with direct program implementation. The youngsters were brought into the site one day per week utilizing the Project C.R.E.E.P. classroom on the day these were not in session. When the new classroom was completely renovated and equipped the students were provided with a four day per week program. The consultants, F.T.S. and project director from Project C.R.E.E.P. continue to provide substantial input but the classroom staff are paid through state funds.We see this funding as an affirmation of the effectiveness of our present BEH program and seek continued funding from the SEA for both units.

In July 1980 the New Jersey Department of Education advised the school district that additional funding was being provided to continue the program for the severely and multiply handicapped preschoolers under VI-B funds. Personnel for both classrooms, in

addition to the consultant assistance, have been picked up. The school district now provides a preschool program from mild to severely handicapped in addition to the Child Find Mobile Unit. There are six classes in all, including the two from the Project C.R.E.E.P. unit; these are grouped into twelve sessions of youngsters on half day, with a number of Hispanic youngsters included. We have managed to provide a bilingual program with each classroom staffed with a Spanish-speaking person.

The project director will be involved in assisting other New Jersey programs so that similar programs can be implemented. This will be done as an internship activity, where programs have indicated a need for assistance. The materials and methods developed and utilized by Project C.R.E.E.P. staff will be shared with other programs in New Jersey. This internship will be done under the New Jersey Department of Education. The LEA also continues to provide support through administrative, child study team, and maintenance personnel on a continuing basis while providing space and janitorial services.

The project director has submitted through EIC-South (a service division on the New Jersey Department of Education) a personnel preparation proposal which is being considered for inclusion into the New Jersey Annual Program Plan which must define a Comprehensive System of Personnel Development as mandated by PL-94-142.

Since the S/P preschool population represents an area not previously included into the public schools there is great need for such a program of inservice training. The proposal designs a broadly based program of inservice training to be provided on a regional basis to educators working with the severely/profoundly handicapped. The number of trained professionals and paraprofessionals available to work with severely handicapped children in need of services is very low according to data from the state survey of need.

New Jersey identified approximately 488 severely handicapped students in Region 6 (South Jersey) in 1974 through Project Search. The final adjusted identification data indicate 536 students for this region. This would suggest training for approximately 70 teachers with 140 paraprofessionals in addition to parents, volunteers, child study team personnel and administrators.

South Jersey has planned three regional centers for severely/multiply handicapped which will house approximately 440 students and will have need for 140 aides, teachers, consultants and child study team personnel since they plan to utilize the present concept of the LEA. Present teacher training programs in the South Jersey area do not specifically address the S/P population but gear instruction to the mild and moderately impaired.

New Jersey survey information indicates a need for training in working as a transdisciplinary team member, developing the IEP, using techniques such as behavior management and using methods of data. Collection and task analysis, Research by Sontag, Burk and

York (1976) and Williams, Brown and CERTO (1975) notes that teachers of the severely handicapped are rarely adequately prepared to deal with the severe management problems in the S/P classroom.

C. 1,2, 3: Highlights

The most rewarding feedback from our program has been in terms of parent improvement. One parent who assumed her child was deaf was demonstrating extremely permissive caretaking skills and tended to baby the youngster excessively. Following evaluation and programming she has learned to discipline, encourage and work with the youngster. This has made very positive changes in her personal life and her ability to work with the youngster. Three other parents who came into this program at the level of needing assistance in coping have now developed to the point of encouraging and assisting other parents whose children need programming. A very young mother, newly arrived from Puerto Rico, was extremely apprehensive about services for her one year old severely handicapped child. She has now learned to utilize and combine the services of three separate agencies and is providing an optimum therapeutic program for her youngster. Parents of a four year old microcephalic had had a very negative experience with her previous program, but have now integrated very nicely into our group and view services for the child as extremely helpful. Another Puerto Rican hydrocephalic youngster had been so indulged that he appeared to be the family despot. At this point his behavior is quite acceptable as we have set limits and the carryover into the home is noticeable and appreciated by the parents. The growth can be noted in the records kept by the family treatment specialist. The opportunity to share and to socialize during parties and parent meetings and the learning experiences gathered through training and consultation. Parents are

well satisfied and have indicated this verbally and in written form.

One extremely helpful service the family treatment specialist has alerted parents to is that provided by the Division of Mental Retardation. She has assisted parents in obtaining expensive equipment and babysitting services through this agency. Grant monies provide for respite care for parents of M.R. youngsters in New Jersey and specialized equipment prescribed for severely handicapped can be obtained through Medicare and the Division of Mental Retardation. Many of our parents have benefitted from this service. The family treatment specialist has also assisted parents living out of the city in obtaining safe and adequate transportation to the program through Cabulance and Safecare. This service can also be paid through Medicaid for parents who are eligible.

Staff persons have also been encouraged to seek further training. The family treatment specialist is in a program for supervisory certification. Both instructional assistants are enrolled in undergraduate programs and the project director is seeking the Ph.D. with a dissertation topic directly related to the area provided through this BEH grant. We continue to encourage our CETA workers and our college volunteers to seek programs dealing with the S/P child.

Another admirable feature of the program is the referral and consultation service provided to this community. It is a much more intensive service than that generally provided through child location centers in that the family treatment specialist supports and counsels the family while the consultants may evaluate the youngster while seeking an outside placement. In this way doors can be opened for the

family that may have appeared closed. It has made a real difference to many parents who have sought placement without success. An example of this is the mother who lived a considerable distance from Camden but was being bandied back and forth between two school districts because of her geographical location. The project director was able to intervene, to establish the responsibility of the appropriate district and to plan with that director of special education the appropriate program for that youngster. Placement was provided within days and the parent had not had success for a year and a half.

Project C.R.E.E.P. has participated in some rather far-reaching research activities and we have derived real benefit from this involvement both on a personal and community level. For the youngsters and parents involved, new insights have been gained in the areas of behavioral expectations and parental understanding of the child's problems. The research activity with Carolina Institute for Research on Early Education of the Handicapped has been quite extensive with the administration of the Toddler Temperament Scale and the Carolina Record of Infant Behavior (CRIB) Experimental Version.

Another highlight of the past year was the Council for Exceptional Children Tours which we participated in when the International Conference was held in Philadelphia this year. Conference participants from Hawaii, Oregon, Texas, Vancouver and many other states visited Project C.R.E.E.P. to observe the work being done in New Jersey with severely handicapped preschoolers. The comments on the feedback forms and the interest and interaction very clearly demonstrate the need for this type of program and the necessity for opportunity to observe

others involved in this activity. We were able to share information on methods, techniques and materials on a national basis where there was need for this type of assistance.

Another area of impact has been with the New Jersey Department of Education. As the project director assumes an internship with their early childhood division, much of the expertise, training and resource material developed through the HCEEP funding will be disseminated to other districts and programs throughout the state. If Outreach had been funded, agreements with 26 New Jersey districts had already been made. This training program will be provided to a few of those districts through the project director's internship program. Hopefully, the opportunity for Outreach has not been lost, especially in view of the provision of the direct services component of Project C.R.E.E.P. through VI-B state funding.

Another very meaningful aspect of Project C.R.E.E.P. is the utilization of this site as a training program for CETA clients and in conjunction with the area high schools' cooperative education program. In terms of training, community education, acceptance and understanding of the needs of the handicapped and parent training, this component of the program cannot be minimized. It has brought a new dimension to the lives of the many people who have participated and new opportunity for employment.

It is difficult to assess the value and impact of a program that has been so much a part of your life for three years. However, as project director I have been impressed with the changed behaviors; with the improvement in developmental levels; with the comradeship

that has developed between the agencies and the willingness of community and agency people to be involved. The most important aspect of the program has been in the change of attitude toward the severely handicapped child. We have tended to view this population as terminal cases in need of custodial care. Traditionally those working with S/P were trained according to a medical model with the prognosis very poor in terms of self-sufficiency for the clients. Visitors from the community and agencies have observed the youngsters in our program while the staff works with them. They have also had the opportunity to view the considerable progress made by children and parents. They often verbalize their amazement and satisfaction in noting the changes that the individualized program and stimulation activities provide. Community acceptance and understanding is frequently a meaningful factor in how the parent views the child. We can never underestimate the value of a supportive caring environment.